FORM D

Mall Processing

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

whaton, DC UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	VΑ
-----------	----

OMB Number: 3235-0076

Expires: July 31, 2008

Estimated average burden

hours per response: 16.00

SEC USE ONLY						
Prefix		Serial				
	1					
	DATE R	ECEIVED				
•	•					

Washing 1		
Name of Offering (check if this is an amendment		
Goldman Sachs Select Fund II, LLC: Unit	s of Limited Liability Company Interests	
Filing Under (Check box(es) that apply):	tule 504 🔲 Rule 505 🗹 Rule 506 🛚	Section 4(6) PROCESSED
Type of Filing: ☐ New Filing ☑ Amendm		INOCLOSED
	A. BASIC IDENTIFICATION DATA	JUL 2 3 2008
1. Enter the information requested about the issu	er	1/ 005 205000
•	ent and name has changed, and indicate change.)	THOMSON REUTERS
Goldman Sachs Select Fund II, LLC		
Address of Executive Offices (Nu	imber and Street, City, State, Zip Code)	Telephone Number (including Area Code)
c/o Goldman Sachs Hedge Fund Strategies 10004	LLC, One New York Plaza, New York, NY	(212) 902-1000
Address of Principal Business Operations (1	Number and Street, City, State, Zip Code)	Tele
(if different from Executive Offices)		((BEN) Estat (BIN Estat Bire dine (Jest Jens din Jest
Brief Description of Business		(1)4(()919/1/4())919/1/4(()0)9/1/9/4/()9/1/4/()0/1/9/9/4/()
To operate as a private investment fund.		1
		08056286
Type of Business Organization		
☐ corporation	☐ limited partnership, already formed	✓ other (please specify):
□ business trust	☐ limited partnership, to be formed	Limited Liability Company
	Month Year	
Actual or Estimated Date of Incorporation or Org		☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	tion for
	State: CN for Canada; FN for other foreign jur	risdiction) DE
OPNED AL INCEDITORIO		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Select Access Fund, LP
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, NY 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Asali, Omar
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Ort, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
					-						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$1,000,000*				
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit?								Yes ☑	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any												
commi	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.											
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such											
	er or dealer,								alea person	J 01 040		
Full Name	(Last name	first, if ind	ividual)								<u>-</u>	
Goldman.	, Sachs & C	Co.										
	or Residence		Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	104								
	Associated E											
	Which Perso							,			E7. A 1	l Ctatas
,	All States"						(DE)	(DC)			•	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL) [MT]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI] [OH]	[MN]	[MS] [OR]	[MO] [PA]
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM]	[NY]	[NC]	[ND]		[OK]	[WY]	[PR]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] Full Name (Last name first, if individual)								[,,,]	[1 17]			
	, ————	·,	···,									
Business o	or Residence	Address ()	Number and	Street City	v State Zin	Code)						
				J. J	,,,,							
Name of A	Associated B	roker or De	ealer			<u> </u>	·	 			<u></u>	
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers	 -					
	All States" o										🗆 Al	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	tirst, it ind	ividual)									
	- · ·					· <u>.</u>						
Business o	or Residence	Address (Number and	Street, City	y, State, Zip	(Code)						
N C A												
Name of A	Associated B	roker or De	ealer									
States in V	Vhich Perso	- Lined Ha	a Caliniand		a Caliais Du							
	All States" o						••••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity (Shares).	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_	0	\$	00
	Partnership Interests	\$_	0	\$	0
	Other (Specify: Units of Limited Liability Company Interests)	\$_	250,580,715	\$	250,580,715
	Total	\$	250,580,715	\$	250,580,715
	Answer also in Appendix, Column 3, if filing under ULOE.	_		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	13	\$	250,580,715
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Time of		Dollar Amount
	Type of offering		Type of Security		Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total	_	N/A	\$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	47,830
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		2	\$	47,830

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXI	PENS	ES A	AND USE OF P	ROCE	EDS	
	 b. Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4.a	a. Th	is		\$_		250,532,885
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
	Payments to Officers, Directors, & Affiliates							Payments To Others
	Salaries and Fees			\$_	0		\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation	of machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings a	nd facilities		\$_	0		\$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				0		\$	0
	Repayment of indebtedness			\$ _ \$	0	. –	\$ - \$	0
Working capital					0		\$ - \$	0
Other (specify): Investment Capital.					0	. Z	\$ - \$	250,532,885
Column Totals					0	. <u>.</u> Ø	υ – S	
	Column Totals		G	\$_		. 😢	» –	250,532,885
Total Payments Listed (column totals added)								85
		D. FEDERAL SIGNATU	RE					
fc	he issuer has duly caused this notice to be illowing signature constitutes an undertaking fits staff, the information furnished by the iss	by the issuer to furnish to the U.S. S.	ecuriti	es an	d Exchange Comn	nission,	upon	
Issu	er (Print or Type)	Signature			Date			
Goldman Sachs Select Fund II, LLC July 5, 2008								
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
Kat	thryn Pruess	Vice President of the Issuer's Mana	ging l	Mem	ber			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END